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GRAFTON MUNICIPAL EMPLOYEES' ASSOCIATION  
AUTHORIZATION FOR PAYROLL DEDUCTION

Effective immediately, I hereby request and authorize the Town of Grafton, as my employer, to deduct from my earnings the current amount of dues as established or revised, to be paid to Grafton Municipal Employees' Association. I authorize said Association to represent me and, in my behalf, to negotiate and conclude any and all agreements as to wages, hours and conditions of employment.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Department \_\_\_\_\_  
Job Title \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature \_\_\_\_\_  
Dated: \_\_\_\_\_

Please contact Tammy Kalinowski, The Grafton Municipal Employee's Association Representative, in the Assessor's Office. Tammy, can provide you with a copy of the GMEA contract as well as answer any questions you may have.